

Case Number:	CM14-0213941		
Date Assigned:	02/04/2015	Date of Injury:	12/21/2012
Decision Date:	03/19/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/22/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54-year-old female, who sustained an industrial injury on 12/21/12. She has reported low back injury. The diagnosis included extruded disc L2-3. Treatment to date has included laminectomy, partial facetectomy, foraminotomy and discectomy L2-3 (4/4/13), oral narcotics, activity restrictions, physical therapy and home exercise program. Currently, the injured worker complains of exacerbation of pain without specific injury. The progress note of 6/10/14 noted the physician felt the injured workers condition had settled down. On 12/4/14 Utilization Review non-certified follow up with orthopedics, noting the lack of rationale as to why the injured worker needs further evaluation. The MTUS, ACOEM Guidelines, was cited. On 12/11/14, the injured worker submitted an application for IMR for review of follow up with orthopedics.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Follow up with orthopedics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127

Decision rationale: The claimant is status related occurring in December 2012 with treatments including a lumbar spine discectomy. She had an exacerbation of symptoms without injury and was seen by the requesting provider, had improved. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has chronic pain and there was an exacerbation that resolved. There is currently no identified need for clarification of the claimant's condition and, therefore, this request is not medically necessary.